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|--|-------------------------|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.:    | SC12810TK   |
|  | First Inventor:         | Bennett A. Joiner   |
|  | Title:                  | ELECTROMAGNETIC NOISE<br>SHIELDING IN<br>SEMICONDUCTOR PACKAGES<br>USING CAGED INTERCONNECT<br>STRUCTURES |
|  | Express Mail Label No.: | EV 322114113 US   |

|  |   |
|--|---|
| <b>APPLICATION ELEMENTS</b><br>(see MPEP chapter 600 concerning utility patent application contents) | ADDRESS TO: Mail Stop Patent Application<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria, VA 22313-1450 |
|--|---|

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27
3. ☒ Specification [Total Pages 16 ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or computer program listing appendix
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2 ]
5. Oath or Declaration [Total Sheets 3 ]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-4 (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statements verifying identity of above copies

#### ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PT-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in- Part (CIP)    of prior application No. \_\_\_\_\_  
 Prior application information:    Examiner: \_\_\_\_\_    Art Unit: \_\_\_\_\_

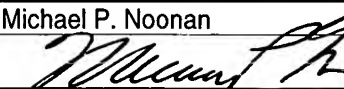
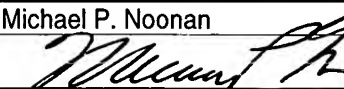
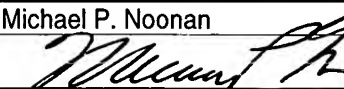
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

|   |                              |                  |   |
|---|------------------------------|------------------|---|
| <input checked="" type="checkbox"/> Customer Number | <u>23125</u>                 | or               | <input type="checkbox"/> Correspondence address below |
| Name  |                              |                  |   |
| Address   |                              |                  |   |
| City  | State                        | Zip Code         |   |
| Country   | Telephone                    | Fax              |   |
| Name  | Michael P. Noonan            | Registration No. | 42,038  |
| SIGNATURE   | Date <u>October 27, 2003</u> |                  |   |

| <b>FEE TRANSMITTAL</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |             | <b>Complete if Known</b> |                       |
|--|-------------|--------------------------|-----------------------|
|  |             | Application Number       |                       |
|  |             | Filing Date              | Concurrently Herewith |
|  |             | First Named Inventor     | Bennett A. Joiner     |
|  |             | Examiner Name            |                       |
|  |             | Group Art Unit           |                       |
| TOTAL AMOUNT OF PAYMENT  | (\$ 828.00) | Attorney Docket No.      | SC12810TK             |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
|--|---|------------------|-----------------|--|-----------------|-----------------|------|----------|----------|----------|--------------------|------|------|------|------|-------------------------------------|-------------------|------|------|------|------|-------------------------------------|------------------|------|------|------|------|---------------------------|--------------------|------|------|------|------|---|------------------------|------|---------------------------------|------|------|--|--|------|--------------|-------------------|--------------|---|----------|------|-----|------|----|--|--------------------|------|-----|------|-----|---|--|------|-----|------|----------------|--|----------------|-----------------|-----------------|------|-----|---|---|------------------------|------|------|------|--|-----------------------------------|------|-----|------|-----|---------------------------------------|------|------|------|------|---|--|----|------|-----|---|--------------------------------|--------------------------|--|------|------|--|-------------------|---|------------------|--------|-----------|--------------|-----------|---|--|------|------------------|------|-----|------------------------------------|--|------|------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|-------------------|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>502117</b><br>Deposit Account Name <b>Motorola, Inc.</b><br><b>The Director is authorized to: (check all that apply)</b><br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.   | <b>3. ADDITIONAL FEES</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5"> </td><td></td></tr> <tr><td colspan="5"> </td><td></td></tr> <tr><td colspan="5"> </td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$ 40.00)</b></td> <td></td> </tr> </tbody> </table> | Large Entity     |                 | Small Entity   |                 | Fee Description |      | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1051 | 130  | 2051 | 65   | Surcharge - late filing fee or oath |                   | 1052 | 50   | 2052 | 25   | Surcharge - late Provisional filing |                  | 1053 | 130  | 1053 | 130  | Non-English specification |                    | 1812 | 2520 | 1812 | 2520 | For filing a request for ex parte Reexamination |                        | 1804 | 920*                            | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1840*        | 1805              | 1840*        | Requesting publication of SIR after Examiner action |          | 1251 | 110 | 2251 | 55 | Extension for reply within first month |                    | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475            | Extension for reply within third month |                | 1254            | 1480            | 2254 | 740 | Extension for reply within fourth month |   | 1255                   | 2010 | 2255 | 1005 | Extension for reply within fifth month |                                   | 1401 | 330 | 2401 | 165 | Notice of Appeal                      |      | 1402 | 330  | 2402 | 165   | Filing a brief in support of an appeal |    | 1403 | 290 | 2403  | 145                            | Request for oral hearing |  | 1451 | 1510 | 1451   | 1510              | Petition to institute a public use proceeding |                  | 1452   | 110       | 2452         | 55        | Petition to revive - unavoidable  |  | 1453 | 1330             | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of IDS |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>SUBTOTAL (3) (\$ 40.00)</b> |  |  |  |  |  |
| Large Entity   |   | Small Entity     |                 | Fee Description  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code         | Fee (\$)        |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1051   | 130   | 2051             | 65              | Surcharge - late filing fee or oath  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1052   | 50  | 2052             | 25              | Surcharge - late Provisional filing  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1053   | 130   | 1053             | 130             | Non-English specification  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1812   | 2520  | 1812             | 2520            | For filing a request for ex parte Reexamination                            |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1804   | 920*  | 1804             | 920*            | Requesting publication of SIR prior to Examiner action                     |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1805   | 1840*   | 1805             | 1840*           | Requesting publication of SIR after Examiner action                        |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1251   | 110   | 2251             | 55              | Extension for reply within first month                                     |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1252   | 420   | 2252             | 210             | Extension for reply within second month                                    |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1253   | 950   | 2253             | 475             | Extension for reply within third month                                     |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1254   | 1480  | 2254             | 740             | Extension for reply within fourth month                                    |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1255   | 2010  | 2255             | 1005            | Extension for reply within fifth month                                     |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1401   | 330   | 2401             | 165             | Notice of Appeal   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1402   | 330   | 2402             | 165             | Filing a brief in support of an appeal                                     |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1403   | 290   | 2403             | 145             | Request for oral hearing   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1451   | 1510  | 1451             | 1510            | Petition to institute a public use proceeding                              |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1452   | 110   | 2452             | 55              | Petition to revive - unavoidable   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1453   | 1330  | 2453             | 665             | Petition to revive - unintentional   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1501   | 1330  | 2501             | 665             | Utility issue fee (or reissue)   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1502   | 480   | 2502             | 240             | Design issue fee   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1503   | 640   | 2503             | 320             | Plant issue fee  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1460   | 130   | 1460             | 130             | Petitions to the Commissioner  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1807   | 50  | 1807             | 50              | Processing fee under 37 CFR 1.17(q)  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1806   | 180   | 1806             | 180             | Submission of IDS  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 8021   | 40  | 8021             | 40              | Recording each patent assignment per property (times number of properties) | 40              |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1809   | 770   | 2809             | 385             | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1810   | 770   | 2810             | 385             | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1801   | 770   | 2801             | 385             | Request for Continued Examination (RCE)                                    |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1802   | 900   | 1802             | 900             | Request for expedited examination of a design application                  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Other fee (specify) _____  |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
|  |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
|  |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
|  |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$ 40.00)</b>   |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>780</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$ 770.00)</b></td><td></td></tr> </tbody> </table><br><b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>21</td> <td>20</td> <td>1</td> <td>18</td> <td>18</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>0</td> <td>86</td> <td>0</td> </tr> <tr> <td colspan="3">Multiple Dependent</td> <td>290</td> <td>0</td> </tr> </tbody> </table><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$ 18.00)</b></td></tr> </tbody> </table> <p><small>** or number previously paid, if greater; For Reissues, see above.</small></p> | Large Fee Code  | Entity Fee (\$)  | Small Fee Code  | Entity Fee (\$)  | Fee Description | Fee Paid        | 1001 | 770      | 2001     | 385      | Utility filing fee | 770  | 1002 | 340  | 2002 | 170                                 | Design filing fee |      | 1003 | 530  | 2003 | 265                                 | Plant filing fee |      | 1004 | 780  | 2004 | 385                       | Reissue filing fee |      | 1005 | 160  | 2005 | 80  | Provisional filing fee |      | <b>SUBTOTAL (1) (\$ 770.00)</b> |      |      |  |  |      | Total Claims | Previously Paid** | Extra Claims | Fee from below                                      | Fee Paid | 21   | 20  | 1    | 18 | 18                                     | Independent Claims | 3    | 0   | 86   | 0   | Multiple Dependent                      |  |      | 290 | 0    | Large Fee Code | Entity Fee (\$)                        | Small Fee Code | Entity Fee (\$) | Fee Description | 1202 | 18  | 2202                                    | 9 | Claims in excess of 20 | 1201 | 84   | 2201 | 42                                     | Independent claims in excess of 3 | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | 1204 | 84   | 2204 | 42   | * Reissue independent claims over original patent | 1205                                   | 18 | 2205 | 9   | * Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$ 18.00)</b> |                          |  |      |      | <b>SUBMITTED BY</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Michael P. Noonan</td> <td>Registration No.</td> <td>42,038</td> <td>Telephone</td> <td>512.996.6839</td> </tr> <tr> <td>Signature</td> <td colspan="2" style="text-align: center;"></td> <td>Date</td> <td colspan="2">October 27, 2003</td> </tr> </table> | Name (Print/Type) | Michael P. Noonan                             | Registration No. | 42,038 | Telephone | 512.996.6839 | Signature |  |  | Date | October 27, 2003 |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1001   | 770   | 2001             | 385             | Utility filing fee   | 770             |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1002   | 340   | 2002             | 170             | Design filing fee  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1003   | 530   | 2003             | 265             | Plant filing fee   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1004   | 780   | 2004             | 385             | Reissue filing fee   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1005   | 160   | 2005             | 80              | Provisional filing fee   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$ 770.00)</b>  |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Total Claims   | Previously Paid**   | Extra Claims     | Fee from below  | Fee Paid   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 21   | 20  | 1                | 18              | 18   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Independent Claims   | 3   | 0                | 86              | 0  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Multiple Dependent   |   |                  | 290             | 0  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code   | Entity Fee (\$) | Fee Description  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1202   | 18  | 2202             | 9               | Claims in excess of 20   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1201   | 84  | 2201             | 42              | Independent claims in excess of 3  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1203   | 280   | 2203             | 140             | Multiple dependent claim, if not paid                                      |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1204   | 84  | 2204             | 42              | * Reissue independent claims over original patent                          |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| 1205   | 18  | 2205             | 9               | * Reissue claims in excess of 20 and over original patent                  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$ 18.00)</b>   |   |                  |                 |  |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Name (Print/Type)  | Michael P. Noonan   | Registration No. | 42,038          | Telephone  | 512.996.6839    |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |
| Signature  |    |                  | Date            | October 27, 2003   |                 |                 |      |          |          |          |                    |      |      |      |      |                                     |                   |      |      |      |      |                                     |                  |      |      |      |      |                           |                    |      |      |      |      |   |                        |      |                                 |      |      |  |  |      |              |                   |              |   |          |      |     |      |    |  |                    |      |     |      |     |   |  |      |     |      |                |  |                |                 |                 |      |     |   |   |                        |      |      |      |  |                                   |      |     |      |     |                                       |      |      |      |      |   |  |    |      |     |   |                                |                          |  |      |      |  |                   |   |                  |        |           |              |           |   |  |      |                  |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |

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